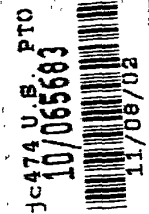


Electronic Filing System (EFS) Data  
Electronic Patent Application Submission  
USPTO Use Only

EFS ID: 19677  
Application ID: 10065683  
Title of Invention: Ionic Pre-concentration XRF  
Detection and Analysis Device,  
System and Method  
First Named Inventor: Robert Keville  
Domestic/Foreign Application: Domestic Application  
Filing Date: null  
Effective Receipt Date: 2002-11-08  
Submission Type: Utility Patent Filing  
Filing Type: null  
Confirmation Number: 0  
Attorney Docket Number: ISIP017US  
Digital Certificate Holder: cn=Jay R. Yablon, ou=Registered Attorneys, ou=Patent and  
Trademark Office, ou=Department of Commerce, o=U.S.  
Government, c=US  
Certificate Message Digest: yhv91TekDBTqZw8oH6ludw==  
Total Fees Authorized: \$1319.0  
Payment Category: CC - Credit Card  
Credit Card Number: \*\*\*\*\*0026  
Expiration Date: 06012003  
Card Holder Name: InterScience, Inc.  
RAM User ID: EFSPROD  
RAM Accounting Date: 2002-11-08  
RAM Sequence Number: 561586  
RAM Payment Status: RAM success  
Postal Code: 12180

# TRANSMITTAL FORM

10065683



Electronic Version 1.0.3

Stylesheet Version: 1.0

Attorney Docket  
Number:

ISIP017US

Submission Type: Utility Patent  
Filing

## Ionic Pre-concentration XRF Detection and Analysis Device, System and Method

First Named Inventor: Mr. Robert F. Keville

### SUBMITTED BY

Name: Mr. Jay R. Yablon Esq.  
Registration Number: 30604  
Electronic Signature Mark: /Jay R.  
Yablon/ Date Signed: 20021108

*I certify that the use of this system is for OFFICIAL correspondence between patent applicants or their representatives and the USPTO. Fraudulent or other use besides the filing of official correspondence by authorized parties is strictly prohibited, and subject to a fine and/or imprisonment under applicable law.*

*I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.*

### Attached Files:

declaration	Declaration-1.tif
declaration	Declaration-2.tif
declaration	POA1.tif
declaration	POA2.tif

EPAVEids.xml  
EPAVEapds.xml  
EPAVEfee.xml  
ISIP017US.xml  
EPAVEasgn.xml

Declaration-1.tif  
Declaration-2.tif  
POA1.tif  
POA2.tif

**Comments:**

The attached drawings are to be regarded as FORMAL drawings. This is to assert that applicants and assignees qualify for small entity status under 37 CFR 1.9 and 37 CFR 1.27.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number:

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> <b>(37 CFR 1.63)</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><b>Attorney Docket Number</b></td> <td>ISIP017US</td> </tr> <tr> <td><b>First Named Inventor</b></td> <td>Keville</td> </tr> <tr> <td colspan="2" style="text-align: center;"><b>COMPLETE IF KNOWN</b></td> </tr> <tr> <td><b>Application Number</b></td> <td></td> </tr> <tr> <td><b>Filing Date</b></td> <td></td> </tr> <tr> <td><b>Art Unit</b></td> <td></td> </tr> <tr> <td><b>Examiner Name</b></td> <td></td> </tr> </table>	<b>Attorney Docket Number</b>	ISIP017US	<b>First Named Inventor</b>	Keville	<b>COMPLETE IF KNOWN</b>		<b>Application Number</b>		<b>Filing Date</b>		<b>Art Unit</b>		<b>Examiner Name</b>	
<b>Attorney Docket Number</b>	ISIP017US														
<b>First Named Inventor</b>	Keville														
<b>COMPLETE IF KNOWN</b>															
<b>Application Number</b>															
<b>Filing Date</b>															
<b>Art Unit</b>															
<b>Examiner Name</b>															

☒ Declaration Submitted with Initial Filing
 OR
☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

**As the below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled

# Ionic Pre-concentration XRF Detection and Analysis Device, System and Method

(Title of the Invention)

the specification of which

☒ is attached hereto

**OR**

<input type="checkbox"/> was filed on (MM/DD/YYYY)	as United States Application Number or PCT International
--	--

Application Number	and was amended on (MM/DD/YYYY)	(if applicable)
--------------------	---------------------------------	-----------------

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority	Certified Copy Attached	
			Not Claimed	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

PTO/SB/01 (10)  
Approved for use through 10/31/2002. OMB 0651-C  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number or Bar Code Label	27949	OR <input type="checkbox"/>	Correspondence address below
Jay R. Yablon					
Name					
Address 910 Northumberland Drive					
Schenectady		NY		12309	
City		State		ZIP	
USA		(518)377-6737		(518) 377-6737	
Country		Telephone		Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR :			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name Robert F. (first and middle [if any])			Family Name Keville or Surname		
Inventor's Signature <i>Robert F. Keville</i>			Date 13 Sep 02		
Valley Springs		CA	USA	USA	
Residence: City		State	Country	Citizenship	
Mailing Address 7859 Ospital Road					
Valley Springs		CA	95252	USA	
City		State	ZIP	Country	
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name Daniel D. (first and middle [if any])			Family Name Dietrich or Surname		
Inventor's Signature <i>Dan D. Dietrich</i>			Date 17 Sep 02		
Livermore		CA	USA	USA	
Residence: City		State	Country	Citizenship	
Mailing Address 2477 Regent Road					
Livermore		CA	94550	USA	
City		State	ZIP	Country	
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto					

[Page 2 of 2]

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (02-C)

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Keville
Title	Ionic Preconcentration XRF and Analysis Device, System
Group Art Unit	
Examiner Name	
Attorney Docket Number	ISIP017US

I hereby appoint:

☒ Practitioners at Customer Number

27949

Place Customer  
Number Bar Code  
Label here

OR

☒ Practitioner(s) named below:

Name	Registration Number
Jay R. Yablon (Cust. # 27949)	30604
Michelle D. Simkulet	43123

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Number Bar Code  
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OR

<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	Zip	
Country			
Telephone	Fax		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Robert Keville
Signature	<i>Robert Keville</i>
Date	09-24-02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comment the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington.

Please type a plus sign (+) inside this box



PTO/SB/81 (02-01)

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**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

Application Number	
Filing Date	
First Named Inventor	Keville
Title	Ionic Preconcentration XRF De
Group Art Unit	and Analysis Device, System a
Examiner Name	
Attorney Docket Number	ISIP017US

I hereby appoint:

☒ Practitioners at Customer Number

27949

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☒ Practitioner(s) named below:

Name	Registration Number
Jay R. Yablon (Cust. # 27949)	30604
Michelle D. Simkulet	43123

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Number Bar Code  
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OR

☐ Firm or  
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
**SIGNATURE of Applicant or Assignee of Record**

Name	Daniel Dietrich
Signature	
Date	9/24/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required; see below.

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Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, D.C.



# FEE TRANSMITTAL

Electronic Version 1.1.0

Stylesheet Version: 1.0

*Patent fees are subject to annual revisions on or about October 1st of each year.*

Small Entity

Small Business Concern

**TOTAL FEES AUTHORIZED: \$ 1319**

## BANK (CREDIT) CARD INFORMATION:

Credit Card Number: 0026  
 Expiration Date: 20030601  
 Authorized Name: InterScience, Inc.  
 Billing Address: 12180

## BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	2001	\$ 370

Subtotal For Basic Filing Fee: \$ 370

## EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 121	2202	\$ 9	101	\$ 909
Independent Claims: 2	2201	\$ 42	0	\$ 0

Subtotal For Extra Claims Fees: \$ 909

## ADDITIONAL FEES

Fee Description	Number	Quantity	Fee Code	Amount	Fee Paid
Recording Each Patent Assignment Per Property Fee	00000000	1	8021	\$ 40	\$ 40

Subtotal For Additional Fees: \$ 40